

Application Data Sheet

Application Information

Application Type:: REGULAR

Subject Matter:: UTILITY

CD-ROM or CD-R?: NONE

Title:: FLIGHT TIMER

Attorney Docket Number:: 175-231T-1

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:: FIG. 1

Total Drawing Sheets:: 11

Small Entity:: YES

Petition Included?: NO

Secrecy Order in Parent App?: NO

Applicant information

Applicant Authority type:: INVENTOR

Primary Citizenship Country:: U.S.

Status:: FULL CAPACITY

Given Name:: FREDERICK C.

Family Name:: BOYNS

City of Residence:: ISSAQUAH

State or Province of Residence:: WA

Country of Residence:: U.S.

Street of mailing address:: 120 NEWPORT WAY NW, #2

City of mailing address:: ISSAQUAH
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98027

Applicant Authority type:: INVENTOR
Primary Citizenship Country:: U.S.
Status:: FULL CAPACITY

Given Name:: CRAIG
Family Name:: KILCOURSE
City of Residence:: EVERETT
State or Province of Residence:: WA
Country of Residence:: U.S.

Street of mailing address:: 2406 106TH STREET SW, #10
City of mailing address:: EVERETT
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98204

Applicant Authority type:: INVENTOR
Primary Citizenship Country:: U.S.
Status:: FULL CAPACITY

Given Name:: CAMERON
Family Name:: SMITH
City of Residence:: SEATTLE
State or Province of Residence:: WA
Country of Residence:: U.S.

Street of mailing address:: 5425 BALLARD AVENUE NW, #2
City of mailing address:: SEATTLE

State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98107

Applicant Authority type:: INVENTOR

Primary Citizenship Country:: U.S.

Status:: FULL CAPACITY

Given Name:: BLAKE

Family Name:: STANCIK

City of Residence:: MUKILTEO

State or Province of Residence:: WA

Country of Residence:: U.S.

Street of mailing address:: 13306 HARBOUR HEIGHTS DR.

City of mailing address:: MUKILTEO

State or Province of mailing address:: WA

Postal or Zip Code of mailing address:: 98275

Applicant Authority type:: INVENTOR

Primary Citizenship Country:: U.S.

Status:: FULL CAPACITY

Given Name:: SCOTT

Family Name:: THIELMAN

City of Residence:: SEATTLE

State or Province of Residence:: WA

Country of Residence:: U.S.

Street of mailing address:: 8541 9TH AVE. NW

City of mailing address:: SEATTLE

State or Province of mailing address:: WA

Postal or Zip Code of mailing address:: 98117

Correspondence information

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Representative information

Representative designation::	Registration number::	Name::
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